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County Borough of Ipswich.

REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1924.

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COUNTY BOROUGH OF IPSWICH.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1924

BY

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County Borough of Ipswich.

Public Health Department,
Elm Street,
Ipswich,
April, 1925.

Ladies and Gentlemen,

I have the honour to present you my Report for the year 1924.

I beg to offer my thanks to the members of the Public Health Committee for their continued support in all matters pertaining to the Health of the People.

To the members of the Staff of the Public Health Department I wish to tender once again my appreciation of their devotion to the cause of the Public Health.

I am, Ladies and Gentlemen,
Your obedient Servant,
A. M. N. PRINGLE, M.B., C.M., D.P.H.,
Medical Officer of Health.

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(1) GENERAL STATISTICS.

Area (acres)	8,432
Population (1924)	82,710
No. of Inhabited Houses (1921) ...	17,764
No. of Families or Separate Occupiers	18,923
Rateable value	£452,920
Sum represented by a Penny Rate ...	£1,670

(2) EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Total.	M.	F.	Birth-rate.
Births—Legitimate ...	1,369	700	669	17·3
,, Illegitimate ...	64	35	29	
				Death-rate.
Deaths	801	398	403	9·68

Number of women dying in, or in consequence of, child-birth	From Sepis	2
	From other causes	2

Deaths of Infants under one year of age per 1,000 Births :—

Legitimate, 54 Illegitimate, Nil Total, 52

Deaths from Measles (all ages)	2
Deaths from Whooping Cough (all ages) ...	4
Deaths from Diarrhœa (under 2 years of age) ...	6

ESTIMATED POPULATION.

The following are the Registrar General's estimates of Populations for the years 1921-1924 :—

1921	80,100
1922	80,950
1923	81,710
1924	82,710

The Census of 1921 was taken on the 19th June and showed, for Ipswich, a population of 79,371.

The Registrar General's estimate of the population at the end of June, 1921, allocated some 700 persons to the Borough, absent on the 19th June, either on holiday or business.

The effect of this distribution will be to influence the population estimates until the next Census, with the result that all Birth rates, Death rates, etc., based on these estimated populations will carry an additional source of error.

MARRIAGES.

The following Table indicates the behaviour of the Marriage Rate in Ipswich since 1841 :—

		Marriage Rates per 1,000 Living.	
Period.	No. of Marriages.	**Ipswich.**	England & Wales.
1841—1850	2,815	19·4	16·1
1851—1860	3,302	18·6	16·9
1861—1870	3,550	17·6	16·6
1871—1880	4,143	17·7	16·2
1881—1890	4,152	15·3	14·9
1891—1900	4,777	15·3	15·6
1901—1910	5,209	14·7	15·5
1911—1920	6,819	17·8	16·6
1911	559	15·0	15·2
1912	596	15·8	15·6
1913	586	15·4	15·7
1914	604	15·8	15·9
1915	856	22·2	19·4
1916	653	16·9	14·9
1917	606	15·7	13·8
1918	706	18·3	15·3
1919	898	23·1	19·7
1920	755	19·1	20·2
1921	701	17·3	16·9
1922	635	15·6	15·7
1923	662	16·1	15·2
1924	600	14·5	15·3

The number of Marriages registered in 1924 was the lowest since 1913, and the rate the lowest since 1908.

The Marriage Rate may be said now to have returned to the average in force from 1901-1910.

The War boom has passed away and the economic and housing position at the present moment is such as to exert a definite deterrent effect upon Marriage.

BIRTHS.

The following Table indicates the variations in the Ipswich Birth-rate since 1841.

		Birth-rates	
Year.	No. of Births.	**Ipswich.**	England & Wales.
1841–1850	9,391	32·7	32·6
1851—1860	11,925	33·7	34·1
1861--1870	13,295	33·2	35·2
1871—1880	15,611	33·4	35·4
1881—1890	17,104	31·6	32·4
1891—1900	17,787	28·7	29·9
1901—1910	18,798	26·8	27·2
1911—1920	16,538	21·6	21·8
1901	1,903	28·4	28·5
1902	1,877	27·8	28·5
1903	1,958	28·6	28·5
1904	1,926	27·9	28·0
1905	1,954	28·0	27·3
1906	1,914	27·2	27·2
1907	1,860	26·1	26·5
1908	1,813	25·2	26·7
1909	1,806	24·8	25·8
1910	1,787	24·3	25·1
1911	1,772	23·9	24·3
1912	1,750	23·3	23·9
1913	1,813	23·9	24·1
1914	1,800	23·5	23·8
1915	1,617	21·0	21·9
1916	1,666	21·7	20·9
1917	1,315	17·1	17·8
1918	1,379	17·8	17·7
1919	1,423	18·3	18·5
1920	2,003	25·5	25·5
1921	1,724	21·5	22·4
1922	1,586	19·5	20·6
1923	1,548	18·9	19·7
1924	1,433	17·3	18·8

The Number of Births registered in Ipswich in 1924 was, with the exception of the War years 1917, 1918 and 1919, the lowest recorded since 1871.

The Birth rate was the lowest on record, except for the War year 1917.

I have nothing to add to or substract from previous observations on the cause of this diminution. If, for argument sake, one admits that progressive civilisation leads to diminished fertility, such a physiological change can only come about slowly, not at all in the way in which our Birth-rate has slumped. The rapidity and the circumstances of the fall show, I think, quite definitely that the cause is not nature, but purposeful interference with nature.

Before the War limitation of family was largely due to social reasons, the economic factor being of relatively little importance, but since the War the case has been reversed. The economic position is the main factor in the dramatic fall in the Births since the war. But limitation having been practised from economic necessity is very likely to continue to be practised from choice when the economic necessity is no longer as insistent as it is.

In the past the fall in the Death-rate has kept pace with the fall in the Birth rate, but this cannot go on indefinitely. The time must come when a continuously falling Birth-rate will meet the Death rate. Then will be found a population with a high proportion of old lives, who will stabilise the Death-rate.

Continuation in the fall in the Birth rate will then result in a diminishing population as is the case with France.

France is seeking security for her future politically and militarily, and committing suicide racially.

I give a Table showing the sex distribution of the Births since 1921, classified according to Legitimacy.

Year.	Legitimate.			Illegitimate.			Total.			Males per 1,000 Females.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	
1921	808	831	1639	36	49	85	844	880	1724	959
1922	731	777	1508	42	36	78	773	813	1586	951
1923	754	733	1487	28	33	61	782	766	1548	1021
1924	700	669	1369	35	29	64	735	698	1433	1053

It is of interest that the Illegitimate Birth-rate for the whole four years was the lowest recorded.

I give a Table showing the behaviour of the Illegitimate Birth rate since 1841 in terms of:—

(1) Illegitimate Birth-rates per 1,000 of the Population

(2) Illegitimate Birth-rates per 1,000 Births.

Illegitimate Birth-rates.

Period.	Per 1,000 Living.	Per 1,000 Births.
1841—1850	1·7	55
1851—1860	2·1	64
1861—1870	2·1	65
1871—1880	1·7	53
1881—1890	1·8	57
1891—1900	1·6	59
1901—1910	1·4	54
1911—1920	1·3	61
1921	1·0	49
1922	·9	43
1923	·7	39
1924	·7	44

Twin Births.

18 cases of Twin Births were registered during the year. Of these, in three instances, one twin was stillborn. There were thus 33 live infants resulting from the 18 twin pregnancies.

Twin Births were equal to 1·27% of the total Births.

Twin infants constituted 2·30% of the total infants born alive. 24 of these infants survived.

One pair of twins were illegitimate. Both survived.

DEATHS.

I give the following Table of the Death rates for Ipswich as compared with England and Wales since 1841 : -

		Death-rates per 1,000 Living.	
Year.	No. of Deaths.	**Ipswich.**	England & Wales.
1841—1850	6,569	22·67	22·4
1851—1860	7,850	22·21	22·2
1861—1870	8,920	22·12	22·5
1871—1880	10,318	22·08	21·4
1881—1890	10,070	18·62	19·1
1891- 1900	11,177	17·99	18·2
1901—1910	10,568	15·00	15·4
1911—1920	10,557	13·80	14·3
1901	1,185	17·65	16·9
1902	969	14·34	16·3
1903	1,049	15·31	15·5
1904	1,085	15·73	16·3
1905	1,041	14·90	15·3
1906	1,070	15·08	15·5
1907	1,089	15·24	15·1
1908	1,060	14·73	14·8
1909	991	13·57	14·6
1910	1,029	13·99	13·5
1911	946	12·76	14·6
1912	1,138	15·13	13·3
1913	1,055	13·92	13·8
1914	1,065	13·93	14·0
1915	1,161	15·09	15·7
1916	1,027	13·35	14·4
1917	1,055	13·71	14·4
1918	1,146	14·87	17·6
1919	1,015	13·09	13·7
1920	949	12·05	12·4
1921	892	11·06	12·1
1922	974	12·03	12·8
1923	838	10·25	11·6
1924	801	9·68	12·2

From this it will be seen that in 1924 the Ipswich Death-rate for the first time on record fell below 10·0 per 1,000 living, whilst the number of deaths was the smallest recorded since 1868.

In my last Report I discussed certain general considerations in connection with the Death rates of the present day, and I indicated one or two considerations in connection with the ages at death and the causes of death.

Death-Rates according to Sex.

Attention is directed very briefly to the Sex distribution of the causes of death, and I give a Table showing that the Male Death-rates from all causes have, from the earliest available records, consistently exceeded the Female.

The following Table illustrates this fact:—

Decennia.	Death-Rates.		
	Males.	Females.	Males per 1,000 Females.
1841—1850	23·85	21·60	1104
1851—1860	23·38	21·20	1103
1861—1870	23·18	20·82	1113
1871—1880	24·15	20·33	1188
1881—1890	20·00	17·40	1148
1891—1900	19·54	16·74	1167
1901—1910	16·16	14·07	1148
1911 1920	14·54	13·11	1109
1921	11·44	10·84	1055
1922	11·76	12·27	958
1923	10·68	9·87	1082
1924	10·21	9·24	1110

Examination of the principal causes or groups of causes of death reveals the fact that the Male death-rate has consistently exceeded the Female death-rate in the following groups :—

1. The Respiratory System.
2. The Nervous System.
3. The Seven Principal Zymotic Diseases.
4. Tuberculosis since 1860.
5. The diseases of Early Infancy.
6. The Genito-Urinary System.
7. Violence.

On the other hand the Female death rate has consistently exceeded the Male death-rate in the cases of Cancer and Senile Decay.

In the groups of diseases of the Circulatory and Digestive Systems the death-rates on the average have been about equal for the sexes.

The other groups of our classification are not sufficiently large to exert a material influence on the sex distribution.

Excess of Male Mortality is definitely associated with age. Thus we find that under 5 years of age there is a heavy Male excess. Between 5 and 10 the sexes suffer about equally with a slight preponderance on the Male side. Between 10 and 15 years of age the Female Mortality is consistently in excess of the Male though only to a small degree. Thereafter, at all ages, Male Mortality exceeds the Female. At first the discrepancy is slight, but it slowly increases as age advances.

It is notable that, whatever may have been the variations in individual years, the average excess of Male deaths at all ages has remained at something over 1,100 Males per 1,000 Females, and that this proportion has been maintained throughout the whole period over which averages have been taken.

DEATH-RATES BY DISEASE GROUPS.

I give a Table showing the number of Deaths and the Death-rates per 1,000 living for the year 1924, arranged for certain diseases and groups of diseases, for each sex and for persons, and contrasted with the corresponding Death-rates for persons, for the years 1919—1923.

Diseases.	Males.		Females.		Persons.		
						Rates.	
	No. of Deaths.	Rates.	No. of Deaths.	Rates.	No. of Deaths.	1924.	1919—1923.
Respiratory Diseases ..	57	1·46	67	1·53	124	1·49	1·85
Cancer	58	1.49	60	1·37	118	1·42	1·35
Nervous Diseases ..	39	1·00	49	1·12	88	1·06	1·22
Circulatory Diseases ..	44	1·13	43	·98	87	1·05	1·49
Tuberculosis	44	1·13	37	·84	81	·97	1·16
Senility	25	·64	48	1·09	73	·88	·94
Violence	24	·61	14	·32	38	·45	·45
Diseases of Early Infancy ..	24	·61	13	·29	37	·44	·59
Digestive Diseases ..	23	·59	12	·27	35	·42	·45
Genito-Urinary Diseases ..	15	·38	13	·29	28	·33	·41
Other General Diseases ..	15	·38	13	·29	28	·33	·41
Other Infections ..	14	·35	13	·29	27	·32	·27
7 Principal Zymotics ..	8	·20	5	·11	13	·15	·40
Malformations	4	·10	2	·04	6	·07	·10
Skin Diseases	2	·05	3	·06	5	·06	·05
Puerperal Diseases ..	—	—	4	·09	4	·04	·08
Bone Diseases	—	—	1	·02	1	·01	·01
All Others	8	·20	6	·13	14	·16	·09
Total ..	398	10·25	403	9·24	801	9·68	11·43

From this it is seen that with four exceptions, two of which were so small as to be of no importance whatever, every cause or group of causes of death in 1924 fell below the average experience of the previous four years.

The only real or serious exception was that of Cancer, which reached the highest rate recorded for persons since 1841.

On the other side of the picture, Tuberculosis for the first time in the records of Ipswich showed a Death-rate below 1·0 per 1,000 living, whilst the 7 Principal Zymotics gave a rate only slightly higher than the lowest recorded.

Turning to the sex distribution, in the case of Males, Cancer for the first time in the history of the Borough headed the list of causes of death with a rate in excess of all previous experience.

Tuberculosis, on the other hand, recorded its lowest Male death rate.

Respiratory Diseases were displaced from premier position by Cancer.

In the case of Females, the Cancer-rate fell considerably below that of 1923, to about the average of recent years.

In the case of Tuberculosis the rate tied with that of 1923 for the lowest on record.

DEATHS IN PUBLIC INSTITUTIONS IN IPSWICH.

The following Table shows the number of Institution deaths during 1924 :—

Institution.	No. of Deaths.		
	Males.	Females.	Persons.
East Suffolk & Ipswich Hospital ..	45	35	80
Borough Mental Hospital ..	12	5	17
Isolation Hospital	7	13	20
Infirmary	33	36	69
Nursing Homes	5	4	9
Total ..	102	93	195

Thus 24·3% of all the deaths registered in the Borough during the year occurred in Public Institutions and Nursing Homes.

The foregoing figures do not include the deaths of 149 non-inhabitants of the Borough who died in these Institutions. Of these 126 occurred in the Ipswich & East Suffolk Hospital, 8 in the Borough Isolation Hospital, 8 in Nursing Homes, 6 in the Borough Mental Hospital and 1 in the Prison. This group is excluded from consideration in the Ipswich returns, the deaths in each case being transferred to their proper area.

DEATHS FROM TUBERCULOSIS.

Table showing the Death-rates from Pulmonary and Non-Pulmonary Tuberculosis in Ipswich since 1841.

	Males.			Females.			Persons.		
	Pulmonary.	Non-Pulmonary.	All Forms.	Plumonary.	Non-Plumonary.	All Forms.	Pulmonary.	Non-Pulmonary.	All Forms.
1841—1850	3·52	·36	3·88	3·60	·35	3·96	3·57	·35	3·92
1851—1860	2·72	·54	3·27	3·08	·42	3·50	2·91	·47	3·39
1861—1870	2·76	·55	3·31	2·85	·34	3·19	2·83	·44	3·28
1871—1880	2·74	·47	3·21	2·44	·47	2·92	2·57	·47	3·05
1881—1890	2·18	·61	2·79	1·98	·59	2·57	2·07	·60	2·67
1891—1900	1·99	·43	2·43	1·54	·41	1·95	1·74	·42	2·17
1901—1910	1·73	·38	2·12	1·23	·34	1·57	1·46	·36	1·82
1911—1920	1·34	·35	1·69	1·07	·27	1·35	1·20	·31	1·50
1921	1·03	·13	1·16	1·01	·20	1·19	1·01	·16	1·17
1922	·99	·20	1·20	·90	·06	·97	·94	·13	1·08
1923	1·06	·15	1·22	·62	·20	·83	·82	·18	1·01
1924	·97	·15	1·13	·68	·16	·84	·82	·15	·97

In general terms the facts exhibited by this Table are, in the first place, that on the average about 82% of all the deaths from Tuberculosis for either sex are due to Tuberculosis of the Lung.

In the second place the Male death-rate from Pulmonary Tuberculosis remained stationary from 1851-1880, when it dropped sharply and continued falling at a less rapid rate until 1910, when it again began a more rapid decline which has continued up to the present time, the death-rate for 1924 being the lowest ever recorded.

In the case of the Female death-rate from Pulmonary Tuberculosis, the rate exceeded that of Males from 1841—1870, but from that time onwards has been consistently and considerably lower. The Female rate differs farther from the Male rate in that it has continued falling from the very beginning.

Of recent years the Female rate has fallen to an unprecedented position.

With regard to forms of Tuberculosis other than Pulmonary the rates for both sexes since 1870 have been very similar, with a slight preponderance of Males.

At the present moment the average rates for non-Pulmonary Tuberculosis are almost identical for the sexes and show a very substantial decrease since the beginning of this century.

The chief reasons for the diminution in the number of deaths referred to forms of Tuberculosis other than Pulmonary are :—

(1) A large diminution in the number of deaths referred to Tuberculous Meningitis since 1890. Thus the death rate from Tuberculous Meningitis for 1881—1890 was eqnal to 0·29 per 1,000 living as compared with 0·12 in 1911—1920.

(2) A considerable diminution in the number of deaths referred to the various forms of Abdominal Tuberculosis. Thus, if we compare the death-rate from Abdominal Tuberculosis for 1881—1890 with that of 1911—1920, we find a drop from a rate of 0·14 to 0·07.

(3) Tuberculosis of the Spinal Column and of Bones and Joints have diminished as a cause of death, to an appreciable degree, whilst Struma and Scrofula have disappeared.

On the other hand there has been a definite increase in the number of deaths returned as due to Tuberculosis of other parts of the body and General Tuberculosis.

Much of this is a question of re-distribution. The net result is the diminution already stated, the average experience of 1921—1924 being one half of that of the decennium 1911—1920, which again was below the average for 1901—1910, and still more below that of the whole period 1841—1900.

The position to-day, therefore, is a very great reduction in the death-rate from Pulmonary Tuberculosis, especially since 1910, and a reduction of over 50% in the death rate from Forms of Tuberculosis other than Pulmonary, the present average death-rate being far below anything previously recorded.

I repeat the statement in last year's Annual Report that the present satisfactory Tuberculosis death-rates cannot be divorced from the special and active measures that have been taken locally to deal with the disease since 1910. I have no doubt that these measures can be credited with at least a considerable proportion of the acceleration in the rate of decline that has been such a prominent feature of the local Tuberculosis statistics since the war.

CANCER 1924.

The Cancer experience of Ipswich is given in the following Table :—

Period.	Males.	Females.	Persons.	
			Ipswich.	England & Wales
1841—1850	·08	·32	·21	—
1851—1860	·12	·42	·28	·31
1861—1870	·24	·66	·47	·38
1871—1880	·43	·77	·61	·47
1881—1890	·45	·84	·66	·59
1891—1900	·62	·90	·77	·75
1901—1910	·87	1·11	·99	·90
1911—1920	1·10	1·39	1·24	1·11
1911	·96	1·24	1·11	·99
1912	1·04	1·31	1·18	1·02
1913	1·11	1·45	1·34	1·06
1914	1·15	1·31	1·23	1·06
1915	1·06	1·53	1·31	1·12
1916	1·31	1·28	1·30	1·16
1917	1·20	1·47	1·35	1·21
1918	·79	1·32	1·07	1·21
1919	1·20	1·22	1·21	1·14
1920	1·02	1·72	1·39	1·16
1921	1·11	1·31	1·21	1·21
1922	1·33	1·44	1·39	1·22
1923	1·01	1·70	1·38	1·26
1924	1·48	1·36	1·42	—

Thus the death-rate from Cancer reached its highest recorded point in the year under review.

The Male Cancer death-rate was not only the highest ever recorded, but actually headed the list of causes of death.

The Female rate, on the other hand, was considerably below that of the previous year, and practically the same as the average for 1911—1920.

The site incidence was very similar to that of previous years. In order of attack the Intestines suffered most, followed by the Stomach the Female Breast, Female Generative Organs, the Rectum and the Liver of both sexes.

In the case of the Intestine, Females suffered considerably more than Males as has been the case very markedly indeed since 1911.

DEATHS FROM DISEASES OF THE RESPIRATORY SYSTEM, 1924.

124 deaths were referred to diseases of the Respiratory System during the year, including 78 from Bronchitis, 37 from Pneumonia and 9 from other conditions.

The number of deaths ascribed to Bronchitis was quite close to the average prevailing since the beginning of the century, but the Pneumonia deaths were the lowest recorded since 1881.

Respiratory diseases as usual headed the list of causes of death.

The Respiratory death-rate for persons in 1924 was the lowest recorded since 1841. This statement is equally true in the case of Males, but not of Females, the latter showing fractionally lower death-rates in 1921, 1911, 1843 and 1841.

There was a slight excess in the Female death-rate as compared with the Male, the reason being the number of deaths of Females of advanced years from Bronchitis.

The usual features of excess of Bronchitis in Females, and of Pneumonia in Males, was again in evidence.

I give a Table showing the age and sex distribution of the deaths from Respiratory Diseases during 1924.

The excessive incidence upon the very young and people over 70 is very conspicuous.

Ages.	Males.			Females.			Persons.		
	Bronchitis.	Pneumonia.	All Others.	Bronchitis.	Pneumonia.	All Others.	Bronchitis.	Pneumonia.	All Others.
— 1	3	5	—	2	2	1	5	7	1
—10	—	4	—	—	1	—	—	5	—
10—50	—	2	2	1	2	—	1	4	2
50—70	7	6	3	10	2	1	17	8	4
+70	20	4	1	35	9	1	55	13	2
All Ages.	30	21	6	48	16	3	78	37	9

DEATHS FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES IN 1924.

13 deaths took place from this group of diseases in 1924 as compared with 10 in 1923, 32 in 1922 and 38 in 1921, and an average of 64·4 in the ten preceding years.

With the exception of 1923 the number of deaths in the year under review was the lowest recorded since 1841.

Of the deaths in 1924, 2 were due to Measles, 1 to Scarlet Fever, 4 to Whooping Cough and 6 to Diarrhœa.

I give a Table illustrating the death-rates and the numbers of deaths from each of the 7 Principal Zymotic Diseases since 1841.

The figures for 1841—1920 are shown as decennial averages.

Decennium.	Typhoid Fever.		Small Pox.		Measles.		Scarlet Fever.		Pertussis.		Diphtheria.		Diarrhœa —2 yrs.		All Forms.	
	No.	D.R.	No.	D.R.	No.	D.R	No.	D.R.	No.	D.R.	No.	D.R.	No.	D.R.	No.	D.R.
1841—1850	12	·04	103	·35	87	·30	120	·41	165	·56	35	·12	262	·90	784	2·70
1851—1860	24	·06	110	·31	71	·20	120	·33	164	·46	50	·14	370	1·04	909	2·57
1861—1870	40	·09	57	·14	74	·18	305	·75	178	·44	100	·24	308	·76	1062	2·61
1871—1880	101	·21	155	·25	79	·16	200	·42	265	·56	109	·23	516	1·10	1425	3·04
1881—1890	65	·12	2	·00	196	·36	38	·07	249	·46	167	·30	325	·60	1042	1·92
1891—1900	119	·19	1	·00	182	·29	52	·08	200	·32	157	·25	714	1·14	1425	2·29
1901—1910	78	·11	—	—	193	·27	15	·02	167	·23	102	·14	374	·53	929	1·31
1911—1920	6	·007	—	—	122	·15	44	·05	137	·17	127	·16	208	·27	644	·83
1921	1	·01	—	—	—	—	—	—	—	—	15	·18	22	·27	38	·47
1922	1	·01	—	—	3	·03	2	·02	15	·18	6	·07	5	·06	32	·39
1923	—	—	—	—	2	·02	3	·03	1	·01	3	·03	1	·01	10	·12
1924	—	—	—	—	2	·02	1	·01	4	·04	—	—	6	·07	13	·15

This Table shows the position in a very clear and graphic manner.

ENTERIC FEVER has now ceased to contribute materially to the Zymotic death-rate. I think the improvement is much greater than the Table shows as there is ample reason for the statement that in the earlier years the actual number of deaths from Enteric Fever greatly exceeded those given in the Table.

SMALLPOX is seen to have disappeared, the last death having occured in 1893.

Present indications suggest that this immunity from Smallpox is in very considerable jeopardy. The disease is present in England at this time. Not only so, but it is spreading slowly and is of a type exceedingly difficult to eradicate. It is true that the type is mild but it would be madness and a confession of ignorance of the past history of Smallpox to assume that this type will not alter. Indeed, there have been already quite definite object lessons pointing to variation in virulence.

The community of Ipswich is largely unprotected by vaccination and is thus in a susceptible condition, and the introduction of one or two mild unrecognised cases may quite possibly lead to a condition of affairs of which Gloucester and Middlesborough are most excellent examples.

MEASLES, since 1912, has apparently altered in character, as all the biennial Epidemics that have occurred since that date have been associated with an extremely low mortality. Thus the Epidemic of 1924 produced only two deaths.

SCARLET FEVER has for many years ceased to be a frequent cause of death. I do not think that this is due so much to diminished prevalence as to a lowering in the severity of the Type. Apparently this occurred rather suddenly, because after the fatal Epidemic of 1878—1879, the mortality has remained very low, with the exception of the Epidemics of 1883—1884, 1894, and 1914—1915. These Epidemics were associated with a low mortality in comparison with the very heavy mortality experienced in previous Epidemic years. It is of interest that the most destructive Epidemic of any of the Seven Principal Zymotic Diseases since 1841 was that of the Scarlet Fever Epidemic of 1863, which was the cause of 198 deaths.

WHOOPING COUGH, like Measles, has been consistently claiming fewer victims with the passage of time. There is definite reason to associate the low mortality of recent years with the work that has been done in educating the Public in the management of both Measles and Whooping Cough.

DIPHTHERIA. For the first time since Diphtheria was recognised as a cause of death (1858) there were no deaths from Diphtheria. This was due to extremely low prevalence on the one hand and the value of adequate antitoxin treatment on the other. The expression "adequate" is used advisedly, as the success of antitoxin treatment depends entirely upon the sufficiency of the dose and the time at which it is given in relation to the duration of the disease.

Early administration and adequate dosage mean success.

DIARRHŒA. The experience of Ipswich of recent years with regard to this once dreaded scourge is remarkable. One has merely to look at the Table to be struck by the extraordinary change that has taken place within the last few years, and particularly since 1915.

Diarrhœa, as compared with previous experience, has been practically wiped out as a serious factor in the production of the death-rate.

It is quite impossible to divorce this result from the work that has been going on consistently since 1907.

In Public Health, sudden and dramatic changes may take place as a result of variation in disease from unknown causes, but such results cannot be expected and do not in practise occur as a result of the inauguration of ameliorative procedures.

But if the work is sound in conception and adequate in execution, the results will follow in due course.

I claim, without hesitation or misgiving, that the present most gratifying position of the Zymotic experience of this Borough is definitely and to a very large extent the direct result of the local Public Health campaign.

INFECTIONS OTHER THAN THE SEVEN PRINCIPAL ZYMOTIC DISEASES.

INFLUENZA was the cause of 22 deaths in 1924 as compared with 6, 41, and 13 in the three preceding years.

The disease was most prevalent in February, March and April, particularly March.

The deaths were largely amongst elderly people.

ERYSIPELAS. There were two deaths from Erysipelas in 1924 as compared with 2, 0, and 2 in the three preceding years.

There was one death returned as due to ENCEPHALITIS LETHARGICA.

One death occurred from TETANUS, being the thirtieth death recorded from this disease since 1841. Since the beginning of this century there have been 7 deaths from Tetanus in Ipswich.

DISEASES OF THE HEART.

(Angina excluded).

Sixty-one deaths were referred to Diseases of the Heart in 1924, 30 Males and 31 Females.

Of these 5 were under 40 years of age (2 Males and 3 Females), 6 between 40 and 60 years (3 of each sex), 19 between 60 and 70 (11 Males and 8 Females), and 31 over 70 years (14 Males and 17 Females).

Thus apart from a small number of deaths, probably more or less definitely associated with Rheumatism amongst the younger portion of the community, Heart diseases are very definitely diseases of degeneration.

In 1924 this group accounted for 7·61 % of the deaths from all causes, thus indicating not only a very considerable cause of death, but far more, an enormous amount of prolonged sickness and disability prior to death.

Not all cases of Heart disease drop down dead suddenly. On the contrary, many cases pass through a greater or less degree of years of disablement before death ensues.

There is no doubt that a good deal of the disablement arising from Heart diseases is preventable.

CEREBRAL HÆMORRHAGE, CEREBRAL EMBOLISM AND THROMBOSIS.

These conditions have consistently throughout the whole period for which statistics are available, been responsible for a considerable death-rate.

Thus in the year 1924, 53 persons died from Cerebral Hæmorrhage and 12 from Cerebral Embolism or Thrombosis; or a little more than 8 % of the deaths from All Causes.

The excess in this case was on the Female sex, there being 40 Female deaths as compared with 25 Male.

Examination of the Male deaths shows 20 referred to Cerebral Hæmorrhage and 5 to Cerebral Thrombosis or Embolism.

Of the 20 Hæmorrhage deaths, 2 were under 45 years of age, 6 between 45 and 70, and 12 over 70 years of age.

Of the Cerebral Thrombosis or Embolism group 2 were between 45 and 70 years of age, and 3 over 70.

In the case of the 33 Female deaths from Cerebral Hæmorrhage 11 were between 45 and 70 years of age and 22 over 70. In the case of Cerebral Thrombosis and Embolism there were 7 deaths, 4 being between 45 and 70 years of age and 3 over 70.

Thus these diseases are pre-eminently conditions associated with the higher ages of life. They belong definitely to the Degeneration group of the causes of death.

DEATHS FROM VIOLENCE.

The following Table shows the death-rates from various forms of violence, including Suicides, since 1841.

Periods.	Death-rates per 1,000 Living. Males.	 Females.	 Persons.
1841—1850	·89	·25	·55
1851—1860	·88	·38	·61
1861-1870	·87	·26	·56
1871-1880	·76	·20	·47
1881—1890	·75	·23	·47
1891—1900	·78	·29	·52
1901—1910	·73	·29	·50
1911—1920	·73	·36	·54
1921	·60	·37	·48
1922	·52	·18	·34
1923	·67	·25	·45
1924	·61	·31	·45

The first point that strikes one on looking at a Table like this is the extraordinary constancy of the average figures.

Thus the Male death rate from Violence remained on the average practically stationary from 1871—1920, since when it has been below the average.

The Female death-rate, on the other hand, has always been much below that of Males, and has not been so constant, although the variations have been inconsiderable.

For persons, it is of interest that the death-rates for 1921, 1923 and 1924 were practically identical with the averages of the 20 years, 1871—1890.

There does not appear to be any explanation of the facts exhibited by this Table, save the working of the Law of Averages, though why causes of death, which are in themselves accidental, should produce such close average figures is difficult of explanation.

INFANT MORTALITY.

The following Table indicates the Infant Mortality figures for Ipswich since 1841. The corresponding figures for England and Wales are given for comparison.

Years.	No. of Deaths.	Death-rates **Ipswich.**	Death-rates England & Wales.	Proportional Ratios.
1841—1850	1,656	176	153	100
1851—1860	2,055	172	154	97
1861—1870	2,125	160	154	91
1871—1880	2,399	153	149	87
1881—1890	2,342	137	142	77
1891—1900	2,763	155	153	88
1901—1910	2,367	126	128	71
1911—1920	1,502	90	100	51
1921—1923	292	60	—	34
1901	320	168	151	95
1902	223	118	133	67
1903	271	138	132	78
1904	270	140	145	79
1905	284	145	128	82
1906	272	142	132	80
*1907	193	104	118	59
1908	199	109	120	62
1909	162	90	109	51
1910	173	96	105	54
1911	181	102	130	58
1912	196	112	95	63
1913	174	96	108	55
1914	188	104	105	59
1915	151	93	110	52
1916	134	80	91	45
1917	119	90	96	51
1918	114	82	97	47
1919	100	70	89	40
1920	145	72	80	41
1921	128	74	83	42
1922	85	53	77	30
1923	79	51	69	29
1924	75	52	75	29

*Infant Welfare Scheme commenced.

Thus for the third successive year the Infant Mortality rate has only slightly exceeded 50 per 1,000 Births.

Infant Mortality has been the subject of so much comment in these Reports that only brief reference will be made on this occasion.

I refer once more to the fact that the Infant Mortality in this industrial town for the years 1922, 1923 and 1924 reached and maintained a level far below all previous experience. This, in spite of the facts that this is an old town with much poor and densely congested property, with large numbers of its inhabitants struggling with poverty owing to long continued industrial depression, and with a degree of overcrowding in very many homes that can be regarded only with the gravest concern.

Although infants brought up under such conditions survive, it cannot be contended that they are unaffected by their conditions of life. In this relation it must be remembered that experience has shown that although death can be avoided, damage to health, life long it may be, may result.

Our Infant Mortality figures are extraordinarily good, but we are not quite justified, with our existing knowledge, in concluding that the health of our Infant population is as good as the death-rate might incline us to believe.

There is one feature of peculiar interest in the Infant Mortality figure for the year 1924 and that is that it does not include the death of a single illegitimate child. This is the first time on record that there has been no illegitimate Infant Mortality.

I referred in my last Report to the remarkable absence of Zymotic Diarrhœa of recent years. In 1924 this experience was repeated. True it was a year in which in any case Diarrhœa Mortality would have been extremely low, but nevertheless it is worthy of note that this disease, which was a veritable Summer Plague in Ipswich up to quite recent times, has for the time being at least ceased to exert other than a very minor influence in the production of the local Infant Mortality.

Mortality of Twin Births.

This requires consideration under two headings :—

(a) Still Births. One twin pregnancy resulted in both twins being still born. This case is not included amongst the returns of Births.

In three other cases one twin was still born. Thus out of a possible 38 births, 5 or 13·16 % were still born.

(2) Deaths of Infants after Birth. Of 33 infants born alive 9 died, a case mortality of 27·3 %.

The Infantile Mortality rate was equal to 273 per 1,000 twin births as compared with 46 per 1,000 single births.

12 % of the total deaths under 1 year were associated with twin births.

Both twins died in three cases, and one in two cases. In one instance one twin was still born and the other died shortly after birth.

Thus we have out of 18 twin births, 10 in which both survived, 4 in which both died (including 1 stillbirth), 2 in which 1 died and 1 survived and 2 in which 1 was stillborn and 1 lived.

INFANT MORTALITY FROM THE POINT OF VIEW OF THE CAUSES OF DEATH.

Table showing the numbers of deaths under 1 year from various causes since 1881.

Group.	Cause of Death.	1881 to 1890	1891 to 1900	1901 to 1910	1911 to 1920	1921	1922	1923	1924
I.	Measles	31	31	40	27	—	1	1	—
	Pertussis	128	95	78	50	—	7	—	2
	Scarlet Fever	—	4	—	2	—	—	—	—
	Diphtheria	5	6	2	—	—	—	—	—
	Diarrhœa	270	636	328	168	22	3	1	6
II.	Other Infections ..	2	2	3	16	3	—	—	—
III.	Prematurity	273	322	395	291	23	22	18	16
	Congenital Defects ..	33	46	59	80	6	7	5	6
	Atrophy, Marasmus, etc. ..	686	733	687	307	28	17	17	21
IV.	T.B. Meningitis ..	41	21	15	16	2	—	2	1
	T.B. Abdominal ..	60	34	15	12	—	—	—	—
	T.B. Pulmonary ..	12	2	6	3	—	—	1	—
	T.B. General	6	5	17	8	—	—	—	—
	T.B. All Others ..	2	13	7	2	—	—	—	—
V.	Syphilis	49	24	40	41	4	—	4	—
	Erysipelas	14	3	5	3	—	—	—	2
	Rickets	3	7	6	8	—	—	—	—
VI.	Convulsions	214	191	154	73	8	2	7	2
	Meningitis	33	22	20	14	—	—	—	—
	All Others	8	6	6	2	2	—	1	1
VII.	Laryngitis	18	21	14	6	—	—	—	—
	Bronchitis	225	249	195	133	8	8	4	5
	Pneumonia	99	150	131	132	10	15	9	7
	All Others	48	17	14	2	—	—	—	1
VIII.	Suffocation	18	33	45	38	6	1	4	1
	Other Violence ..	14	5	13	17	—	—	2	2
IX.	All Others	50	85	72	51	6	2	2	2
	Total, All Causes ..	2342	2763	2367	1502	128	85	79	75
	Death-rates per 1,000 ..	137	155	126	90	74	53	51	52

From this Table it is evident that the main causes of Infant Mortality in Ipswich at the present day are the group of the Wasting Diseases of Infancy and Bronchitis and Pneumonia.

Wasting Diseases account for about 50 % of the total Infant Mortality and Respiratory Diseases about 18 %.

Zymotic Diseases show a remarkable diminution in the case of Whooping Cough, and above all in Diarrhœa, which has fallen to very low proportions.

There is shown a striking diminution in the Mortality from the various forms of Tuberculosis, but specially Meningeal and Abdominal Tubercle. How far this is real is a matter of opinion, but I think there is evidence that a good deal of it is true.

In the case of the group of Nervous Affections, the diminution in the number of deaths referred to Convulsions is of considerable interest, in view of the relationship between this condition and the digestive disturbances of Infancy.

With regard to Respiratory Diseases the fall in the number of deaths is very conspicuous, and it is of interest that Pneumonia appears to be fatal more frequently than Bronchitis, a complete change from former experience.

NOTIFICATIONS OF INFECTIOUS DISEASE, 1924.

The following Table indicates the experience of the year 1924 as compared with 1921, 1922 and 1923.

Diseases Notified.	Years.			
	1921.	1922.	1923.	1924
Chicken Pox	406	117	506	651
Scarlet Fever	73	126	127	125
Pneumonia	78	169	79	62
Erysipelas	21	18	21	32
Puerperal Fever	5	5	10	21
Diphtheria	441	146	94	20
Ophthalmia Neonatorum ..	18	17	7	10
Enteric Fever	5	3	4	3
Anterior Poliomyelitis ..	5	—	1	1
Encephalitis Lethargica ..	3	—	—	1
Malaria	9	9	—	1
Cerebro-Spinal Meningitis..	3	—	—	—
Acute Polio-Encephalitis ..	1	—	—	—
Dysentery	2	—	—	—
Total	1070	610	849	927

Chicken Pox requires no consideration. It is retained because Smallpox exists and for the last few years has been steadily and increasingly prevalent, the maximum being recorded in 1924.

SCARLET FEVER.

This disease has varied very little for several years, the incidence being average. The type at the present time is extremely mild. Many cases in fact have been discovered in the "peeling" stage, the initial symtoms having been so slight as to escape notice.

In accordance with the usual experience the disease was most prevalent in the December quarter.

No School or part of the town showed excessive incidence.

Clearly Scarlet Fever of this type must be very difficult to control.

PNEUMONIA.

The notification of Primary Pneumonia is incomplete. The fact that accommodation is provided at the Isolation Hospital for the treatment of cases of Pneumonia ensures the Notification of all those cases whose home conditions are unsatisfactory. These are removed to Hospital where consent is given and the persons are fit to be removed. I do not consider that cases of Pneumonia should be moved unless the necessity is urgent. It should not be concluded that this class of case only is notified.

DIPHTHERIA.

The number of notifications for 1924 was the lowest recorded since the beginning of notification in 1891, and it is gratifying to find that a disease such as Diphtheria is capable of reduction almost to the vanishing point, even under the conditions of modern urban life.

The existence of mild cases of the disease, the persistence of carriers exhibiting no signs of illness but infinitely capable of spreading infection, the multitudinous opportunities of contact with infection in the daily life of the inhabitants of our towns, all render the control of this disease a matter of the utmost difficulty. The fact that we are where we are at the moment of writing is a tribute to unceasing effort, on the part of all the services concerned, the School Medical Service no less than the Public Health Service. In Ipswich these services are completely co ordinated as they should be in every area.

ENTERIC FEVER.

The Notifications of Enteric Fever, including the Paratyphoids, continue to be few and far between, following the experience of recent years.

OPHTHALMIA NEONATORUM.

This disease continues to exhibit lower prevalence than formerly. All the cases are followed up and treatment secured. All the cases in 1924 recovered without loss of sight. When we remember the large proportion of adult blindness due to this cause, it is highly gratifying that the activities of the present day are to a very large extent abolishing blindness from this source.

I draw attention to the single cases of ANTERIOR POLIOMYELITIS and ENCEPHALITIS LETHARGICA and the absence of CERBRO-SPINAL FEVER. The case of MALARIA was not indigenous.

PUERPERAL FEVER.

I make no apology for referring to this condition in some detail, because it is one of very great importance and is associated with a very terrible fatality if existing notification and death-rates are to be believed.

21 cases of Puerperal Fever were notified in 1924, as compared with 10, 5, 5, 16 and 13 in the five preceding years respectively. Thus, in the last 6 years 70 cases have been notified as compared with 90 cases in the previous 28 years, i.e. from 1891 to the end of 1918.

I give a Table comparing the notifications and the deaths during the above periods.

Period.	Notifications.	Deaths.	Case Fatality per cent.
1891—1918	90	54	60·0
1919—1924	70	17	24·3
Total	160	71	44·8

If this Table is true it reveals Puerperal Fever as one of the most fatal of all diseases.

There is, I think, ample reason to doubt the accuracy of notifications, although the deaths are, doubtless, especially of recent years, much nearer the truth.

If the series of which the above is a summary is examined we find that the deaths exceeded the notifications in 1893, 1897 and 1918 and were equal with the notifications in 1892 and 1914.

These facts prove that notification up to as late as 1918 was not observed as it should have been. It is possible to conclude from this that a case fatality of 60% is not true at the present day, and was not true at the time it was recorded.

In this relation it has to be recorded that even of recent years the case fatality has varied between 60% in 1921 and 9·5% in 1924. It is, I confess, difficult to believe in the truth of these violent fluctuations. But whatever we may think on that point, although we may congratulate ourselves on a mortality of 9·5% as compared with 60%, we cannot feel any pride in the diminution in a cause of death due to an infection following upon a physiological process. It is true that the physiological merges into the pathological, but Puerperal Fever is not confined in its incidence to the pathological; far otherwise in fact.

At the present moment there is a definite lack of agreement amongst members of the Medical Profession as to what shall constitute Puerperal Fever. Whilst all would agree as to the more serious cases, the slighter varieties tend to escape notification. I think there is no justification for the view that a patient is not suffering from Puerperal Fever unless she is obviously in danger of death, and yet as I read it, this is the lesson taught by the figures given.

I think a sound working basis would be to regard all cases of Puerperal Pyrexia of 100·4% or over for 24 hours as notifiable as cases of Puerperal Fever until the contrary is proved beyond question. It is of infinitely less importance that a case of Influenza should be treated as Puerperal Sepsis than a case of Puerperal Sepsis treated as Influenza.

In the first instance it is probably immaterial, in the second case it means the loss of the golden time for treatment, viz., the early stage. Delay in the treatment of Puerperal Sepsis is fatal, so fatal that there can be no question as to the proper course.

At the present time ample Hospital accommodation is available for all cases of Puerperal Fever, either in the East Suffolk Hospital or in the Isolation Hospital.

It should be understood that the kind of treatment required for Puerperal Sepsis, and the type of nursing, are quite out of the reach of the poorer sections of the Community in their own homes where all the conditions tell heavily against the patient.

The following Statistics may be of interest.

A Table showing Decennial Numbers of Notifications and Deaths, together with Rates per 1,000 Births and the Case Mortality per cent.

Decennium.	Notification.		Deaths.		Case Fatality per cent.
	Nos.	Rates.	Nos.	Rates.	
1841—1850	—	—	17	1·81	—
1851—1860	—	—	12	1·00	—
1861—1870	—	—	12	·90	—
1871—1880	—	—	24	1·53	—
1881—1890	—	—	37	2·16	—
1891—1900	39	2·19	28	1·57	71·8
1901—1910	26	1·38	12	·63	46·1
1911—1920	54	3·26	23	1·39	42·6

It would appear from this that the death-rate has shown the usual fluctuations of small communities and very little evidence of improvement.

I give a Table showing in more detail the experience with regard to Notifications, Death and Case Fatality per cent for each year since 1891. The Notification and Death-rates are shown as rates per 1,000 Births.

The Table proves, I think conclusively, that the high case fatality is due to suppressed notification. My own experience of the treatment of Puerperal Fever has satisfied me that the case fatality is nothing like the figures given as averages.

I have no doubt that efficient, active and early treatment, begun as soon as the temperature rises and suspicion is aroused, would be followed by a definite reduction in the Puerperal Fever death-rate.

Far better, of course, is prevention, but that is another story, the answer to which is by no means so easy as many glib and superficial observers would lead us to believe.

The causation of Puerperal Fever, on occasion simple as possible, is in other cases obscure in the extreme. I have known it to occur in cases where the last possible precaution had been observed with the most meticulous care; and on the other hand it has not occured in cases where according to all the laws it should infallibly have arisen.

PUERPERAL FEVER.

	Numbers.		Rates per 1,000 Births.		Case Fatality per cent.
	Notifications.	Deaths.	Notification.	Death.	
1891	5	4	2·80	2·24	80
1892	3	3	1·75	1·75	100
1893	7	9	4·08	5·25	128
1894	5	2	2·93	1·17	40
1895	3	2	1·60	1·06	33
1896	2	1	1·11	·55	50
1897	1	2	·56	1·13	200
1898	2	—	1·07	—	—
1899	6	3	3·36	1·68	50
1900	5	2	2·77	1·11	40
Average ..	39	28	2·19	1·57	71·8
1901	3	2	1·57	1·05	66
1902	2	1	1·06	·53	50
1903	1	—	·51	—	—
1904	2	—	1·03	—	—
1905	6	3	3·07	1·53	50
1906	3	1	1·56	·52	33
1907	4	3	2·15	1·61	75
1908	3	2	1·60	1·10	66
1909	2	—	1·10	—	—
1910	—	—	—	—	—
Average ..	26	12	1·38	·63	46·1
1911	5	3	2·82	1·69	60
1912	5	1	2·85	·57	20
1913	2	1	1·10	·55	50
1914	1	1	·55	·55	100
1915	3	—	1·85	—	—
1916	5	3	3·00	1·80	60
1917	2	1	1·52	·76	50
1918	2	4	1·45	2·90	200
1919	13	3	9·13	2·11	23
1920	16	6	7·98	2·99	37
Average ...	54	23	3·26	1·39	42·6
1921	5	3	2·90	1·74	60
1922	5	1	3·15	·63	20
1923	10	2	6.46	1·29	20
1924	21	2	14·68	1·39	9

NOTIFICATIONS OF TUBERCULOSIS, 1924.

The following Table shows the number of cases of the different varieties of Tuberculosis notified during 1924, as compared with the corresponding figures for the three previous years.

Situation of Disease.	Year.			
	1921	1922	1923	1924
Pulmonary	304	154	136	141
Abdominal	6	5	10	8
Cerebral	5	5	7	4
General	1	1	2	—
Bones	13	3	11	5
Joints	19	9	13	8
Glands	16	11	17	16
All other forms of T.B. ..	16	11	15	11
Total	380	199	211	193

It is evident that the experience of 1924 corresponded very closely with that of the years 1923 and 1922. As regards 1921 the only serious discrepancy was the figure for Pulmonary Tuberculosis. The reasons for this discrepancy were given fully in my last Report.

Seventy-three per cent. of the cases notified in 1924 were of the Pulmonary variety.

The age and sex distribution of the Pulmonary and Non-Pulmonary varieties of Tuberculosis is given as follows :—

Age and Sex Distribution of the Notifications of Tuberculosis, 1924.

Age.	Pulmonary.			All other Forms			TOTAL.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
— 1	—	—	—	—	—	—	—	—	—
1— 5	1	—	1	6	4	10	7	4	11
5—10	6	4	10	3	9	12	9	13	22
10—15	5	5	10	5	7	12	10	12	22
15—20	4	7	11	2	2	4	6	9	15
20—25	12	12	24	—	2	2	12	14	26
25—35	20	23	43	2	1	3	22	24	46
35—45	10	9	19	2	—	2	12	9	21
45—55	9	4	13	1	3	4	10	7	17
55—65	5	4	9	3	—	3	8	4	12
+65	1	—	1	—	—	—	1	—	1
Total all Ages.	73	68	141	24	28	52	97	96	193
Notification Rates.	1·87	1·55	1·70	·61	·64	·62	2·49	2·19	2·33

This Table shows the usual features. The figures correspond quite closely to the average both for the Pulmonary and Non-Pulmonary varieties of Tuberculosis.

TUBERCULOSIS SURVIVAL TABLES.

The following Table shows the number and sex of the notified cases of Tuberculosis known to be alive in Ipswich on December 31st, 1924 :

	Pulmonary	Non-Pulmonary.	All Forms.
Males	581	203	784
Females ..	477	212	689
Persons	1,058	415	1,473
% Proportion ..	71·8 %	28·2 %	100 %

I give the following Table showing the number of Pulmonary and Non-Pulmonary cases notified in each year since 1909, together with the deaths of notified persons.

Year.	Notifications.			Deaths.		
	Pul-monary.	Non-Pul-monary.	Total.	Pul-monary.	Non-Pul-monary.	Total.
1909	64	—	64	34	—	34
1910	44	—	44	28	—	28
1911	132	—	132	46	—	46
1912	331	—	331	109	—	109
1913	200	111	311	102	22	124
1914	161	36	197	83	8	91
1915	120	38	158	82	13	95
1916	169	36	205	91	15	106
1917	155	30	185	99	22	121
1918	178	34	212	122	22	144
1919	163	66	229	90	19	109
1920	136	76	212	83	19	102
1921	304	76	380	82	13	95
1922	154	45	199	77	11	88
1923	136	75	211	68	15	83
1924	141	52	193	68	13	81
Total	2,588	675	3,263	1,264	192	1,456

Thus 48% of the notified cases of Pulmonary Tuberculosis are known to be dead, and 28% of the Non-Pulmonary.

But 266 of the Pulmonary cases have either left the town or been lost sight of. A large number of these disappearances took place during the War. In addition 68 of the Non-Pulmonary cases have been lost sight of.

How many of these Pulmonary and Non-Pulmonary cases survive is unknown, but it is quite certain that many are dead.

In all 334 cases have disappeared, the great majority of whom have migrated. I really doubt whether any of the disappearances are still in Ipswich.

In any case I think there is justification for the statement that more than one half of the total Pulmonary cases are dead and rather less than one-third of the Non Pulmonary.

TUBERCULOSIS DISPENSARY.

The following is a brief summary of the work carried out at the Dispensary during 1924 as compared with the three previous years.

Year.	No. of Patients Attending Dispensary.	No of Visits made by Patients.	No. of Home Visits by Nurse.
1921	529	2,566	2,435
1922	495	3,091	2,353
1923	525	2,999	2,492
1924	703	3,249	2,597

All new cases seeking treatment under the Local Tuberculosis scheme are seen at the Dispensary and classified as they appear to be cases suitable for Home treatment, Dispensary treatment, Sanatorium treatment or Hospital treatment.

So far as adults are concerned no adult requiring either Sanatorium or Hospital treatment need go without it, as accommodation is always available within a short time. In some cases patients refuse Institutional treatment. In other cases they prefer to make arrangements of their own, though of course this group is rare, very few of the patients being able to pay for their own Sanatorium treatment, naturally, seeking advice at the Dispensary.

But there is still a lack of provision for Pre-Tuberculous Pulmonary cases or Tuberculosis of the lung under 8 years of age. After that age young children can be admitted to the Children's Wing of the Sanatorium, but as the number of beds is limited and the duration of treatment prolonged, only a limited number of cases can be admitted year by year.

Much good may be expected from the establishment of the proposed School for Physical Defectives so long as the School is regarded from the primary view of Physical Defect rather than as a School with the primary object of educating the Physical Defective.

It will be noted that there are many Tuberculous cases of Pulmonary type not attending the Dispensary.

There are large numbers of children in this group who are followed up in connection with the School Clinic and there are many Tuberculous subjects who are kept in touch with the Tuberculosis Dispensary by the Nurse. Many of these cases are too ill to attend. Others, on the other hand are at work and do not attend on that account.

SURGICAL TUBERCULOSIS.

The treatment of Surgical Tuberculosis in Ipswich is carried out at the Ipswich and East Suffolk Hospital at the cost of the Local Authority.

The average number of cases of this nature requiring admission to Hospital has been for the last four years a little under 30 per annum and it may be accepted that this is a fair average figure.

The Public Health Committee, in order to relieve the congestion on the Ipswich and East Suffolk Hospital, and to utilise to the full the accommodation available in their own Isolation Hospital, have set aside six beds for the treatment of convalescent cases of Surgical Tuberculosis, and have secured the services of Mr. Charles to act as their surgical adviser in connection with these cases.

This scheme had not been put in operation at the end of 1924 for various reasons, the chief difficulty being the securing of the services of a Nurse properly trained for this particular kind of work. (The first case was admitted on March 2nd, 1925).

During 1924, 24 new cases were dealt with at the Ipswich and East Suffolk Hospital, 13 Males and 11 Females. In addition there were 4 cases, 2 Males and 2 Females, under treatment at the end of 1923. Thus the total number treated was 28, of whom 15 were Males and 13 Females.

INFANT WELFARE CENTRE.

The following Tables summarise briefly the work done in connection with the Welfare Centre during 1924.

Home Visits.

Year.	Infants.	Children 1—5.	Total.
1921	2,726	1,024	3,750
1922	2,249	2,364	4,613
1923	2,062	2,452	4,514
1924	1,797	1,707	3,504

In 1924 in addition to the above, 541 visits were paid to homes for many miscellaneous reasons. In this group are included the visits paid to homes when the parents were out.

Thirty-nine visits were paid in connection with the following up of notified cases of Ophthalmia Neonatorum, and 11 for the purpose of keeping in touch with and enquiring into cases of Puerperal Fever.

Fifty-six visits were paid to Midwives in connection with the supervision of their methods of practice and 41 in connection with the sending for Medical help by Midwives.

Welfare Centre (Visits).

Year.	Infants.	Children 1—5.	Total,
1921	9,632	3,432	13,064
1922	7,902	3,132	11,034
1923	7,406	3,098	10,504
1924	6,235	2,750	8,985

The diminution shown in the above Table is a reflection of the diminution in the number of births year by year since 1920. Thus in 1924 there were 570 fewer births than in 1920.

The following Table shows the work done by the Medical Officer in connection with the Welfare Centre.

Infant Clinic.

Infants.	No. Examined.	Re-Examination.	Total.
— 1	249	212	461
— 2	85	85	170
— 3	38	27	65
— 4	29	25	54
— 5	19	26	45
Total ..	420	375	795

The total of 795 compares with 443, 313 and 533 in the three preceding years.

ANTE-NATAL CLINIC.

During 1924 the Medical Officer examined 27 women at the Clinic, of whom 18 were re-examined, a total of 45 examinations.

There are indications that this work is on the increase, especially in connection with the Maternity Home.

MIDWIVES AOT 1902.

The following Table gives the number of Midwives on the Local Roll for each year since 1921, together with confinements attended :—

Year.	No. on Roll.	Confinements attended.	Percentage of Total Births.
1921	12	857	49 %
1922	14	812	51 %
1923	18	800	51 %
1924	16	675	47 %

It appears to be the average experience that Midwives attend just under 50 % of the total confinements.

Medical Help.

Year.	NOTIFICATIONS RECEIVED.			Percentage of Births attended by Midwives in which Medical Help is called in.
	On behalf of Mother.	On behalf of Child.	Total.	
1921	69	39	108	12·6 %
1922	54	37	91	11·2 %
1923	61	33	94	11·7 %
1924	70	29	99	14·6 %

On the average about 66 % of the requisitions for Medical Help by Midwives are on behalf of the mother.

Help was called in on behalf of the Mother for the following reasons :—

	1921	1922	1923	1924
Prolonged, Tedious or difficult Labour	6	8	15	11
Torn Perineum	18	10	15	21
Impactions	7	4	4	4
Faulty Presentations	12	6	8	4
Hæmorrhages	5	2	2	4
Puerperal Fever	1	—	2	2
Other Rise of Temperature	3	4	4	8
Adherent Placenta	4	3	1	4
Ecclampsia	1	1	—	1
Prolapse of Cord	1	—	1	1
Abortion	2	—	1	—
Phlebitis	2	1	—	3
Albuminaria	2	5	3	—
Contracted Pelvis	—	2	2	—
Miscellaneous	5	8	3	7
	69	54	61	70
And for the Child :—				
Discharging Eyes	17	10	7	9
Prematurity	7	8	7	4
Debility, Feebleness	3	12	10	8
Malformations	4	—	2	3
Convulsions and Fits	3	5	2	2
Suffocation	1	—	1	—
Miscellaneous	4	2	4	3
	39	37	33	29

MATERNITY HOME.

The appended Table shows the number of cases admitted to the Maternity Home from Ipswich and the County since the Home was established, together with the average duration of stay.

Year.	Admissions.		Total.	Duration.
	Borough.	County.		
1918	9	—	9	—
1919	60	5	65	—
1920	84	13	97	12·9
1921	77	15	92	11·8
1922	60	10	70	11·6
1923	71	13	84	11·6
1924	63	10	73	11·0
Total ..	424	66	490	

Of the 73 cases in 1924, 23 were under the care of their own Doctor and 50 under the Midwives attached to the Home.

Women booking as Midwives cases are advised to attend the Ante Natal Clinic for examination by Dr. Jolly, and it is satisfactory that a number took advantage of the opportunity.

The Midwives found it necessary to summon Medical Help in 14 of the cases under their care.

One maternal death occurred during the year, the cause being Ecclampsia.

One infant was stillborn.

The Home has not proved to be self-supporting, which is a tribute to the fact that it is used largely by people in poor circumstances, many of whom cannot afford to pay more than a proportion of the total cost.

In all cases the full fee is charged, but if it can be established that the people cannot pay so much a varying amount is remitted. In some cases patients are admitted free.

As in previous years, the very poorest made the least use of the Institution.

BOROUGH ISOLATION HOSPITAL.

The following Tables give the number of cases admitted into, and treated in the Isolation Hospital from 1921—1924 inclusive.

TABLE A.

Cases of Infectious Disease or suspected Infectious Disease other than Tuberculosis.

Year.	No. in Hospital on Jan. 1st	Admissions.	Total Treated.	Number Discharged.	No. of Deaths.	No. remaining on Dec. 31st.
1921	81	592	673	589	28	56
1922	56	348	404	355	20	29
1923	29	311	340	315	13	12
1924	12	235	247	210	9	28

TABLE B.

Cases of Tuberculosis.

Year.	No. in Hospital on Jan. 1st.	Admissions	Total Treated.	Number Discharged.	No. of Deaths.	No. remaining on Dec, 31st.
1921	21	68	89	52	14	23
1922	23	45	68	34	18	16
1923	16	75	91	59	17	15
1924	15	69	84	50	17	17

TABLES A and B COMBINED.

Year.	No. in Hospital on Jan. 1st.	Admissions.	Total Treated.	Number Discharged.	No. of Deaths.	No. remaining on Dec. 31st.
1921	102	660	762	641	42	79
1922	79	393	472	389	38	45
1923	45	386	431	374	30	27
1924	27	304	331	260	26	45

The subjoined Table shows the total numbers admitted into, and treated in the Hospital since 1901.

Year.	Admissions.	Total Treated.
1901	144	180
1902	294	341
1903	169	203
1904	210	225
1905	188	203
1906	185	206
1907	132	158
1908	163	187
1909	154	178
1910	129	145
1911	261	267
1912	316	348
1913	405	444
1914	717	776
1915	635	777
1916	613	670
1917	620	698
1918	703	750
1919	660	717
1920	814	893
1921	660	762
1922	393	472
1923	386	431
1924	303	330

Thus the number of admissions in 1924 was the lowest since 1911.

Amongst the reasons for the small number of admissions for 1924 were the complete absence of any serious Epidemics of any form of Infectious disease, the almost complete disappearance of Enteric Fever, the extremely low degree of prevalence of Diphtheria, and an average amount of Scarlet Fever.

At the same time numbers of cases of doubtful or suspicious character continued to be received into the Hospital, the Cubicle Block being very fully utilised for this purpose. In this relation it is not impossible that the consistent pursuit of the policy of isolation (in

Hospital) of suspicious cases may have something to do with the low degree of prevalence of serious Zymotic disease at the present time. Whilst this may be accepted as true, it should not be forgotten that experience has shown that isolation is only one of the factors in connection with the control of Epidemic diseases, albeit one of the first importance. I have already voiced the view in unequivocal terms that efficient Hospital isolation is our first line of defence in the prevention of Epidemic disease, but it must not be expected to secure continued immunity from certain of them.

There are unknown factors determining the occurrence of Epidemic waves—e.g., in the case of Influenza, which from time to time render futile all the known methods of control.

The following is a brief review of some of the more important cases admitted during the year.

235 cases of Fever, or suspected Fever, were admitted during the year, of whom 9 died.

Of the total number of admissions 225 belonged to Ipswich, of whom 7 died. There were thus 10 admissions from out districts, 2 of whom died.

SCARLET FEVER.—108 cases were admitted, 3 being from out districts. One case (Ipswich) proved fatal, a case fatality of 0·93%.

DIPHTHERIA.—20 cases of the disease, and one carrier were admitted to Hospital. This is the lowest number of admissions for many years. There were no deaths in 1924. For a similar experience it is necessary to go back to 1902.

Three cases of ENTERIC FEVER, including one Paratyphoid B, were admitted. All recovered.

Nine cases of PUERPERAL FEVER were admitted, 8 from Ipswich. Of the 8 Ipswich cases one died. One case was admitted from the County and proved fatal.

Eleven cases of ERYSIPELAS were admitted, 9 of which were from Ipswich and 2 from the County. One of the Ipswich cases and 1 of the County cases proved fatal.

Twenty-six cases of RUBELLA and 5 of Measles were admitted and discharged. The majority of the Rubella cases were sent in as suspicious Scarlets.

Amongst the fatal cases were 2 of TUBERCULOUS MENINGITIS and 1 of GENERAL TUBERCULOSIS.

In addition to these a number of cases of Whooping Cough, Chicken Pox, Influenza, Pneumonia, Tonsillitis, Nephritis, Urticaria, Syphilis, etc., etc., were admitted, either for isolation purposes, treatment, or for diagnosis.

Sixty nine cases of PULMONARY TUBERCULOSIS in a more or less advanced stage were admitted during the year, the total number treated being 84. Seventeen of these cases proved fatal.

The Tuberculosis Wards have now been provided with a system of heating through calorifiers. This has proved a great boon to the advanced and bedridden cases during the winter months.

SMALLPOX HOSPITAL.

The Smallpox Hospital has been maintained in a condition of readiness during the year.

In view of the increased prevalence of Smallpox in England during the year 1924, and the continued local neglect of vaccination it is probably taking a very optimistic view indeed to expect continued immunity from Smallpox.

The conditions of modern life, with the facilities for travel that exist, and are made use of by the populace, render it almost certain that sooner or later the infection will be introduced into a community in a condition ripe for the spread of the disease.

LABORATORY

The following specimens have been examined at the Laboratory at the Public Health Department since 1921.

Year.	SWABS from Cases of Diphtheria or Suspected Diphtheria.			SPUTA from Actual or Suspected cases of Tuberculosis.		
	Examined.	Positive.	% Positive.	Examined.	Positive.	% Positive.
1921	2655	553	20 %	249	49	20 %
1922	1262	239	19 %	252	50	20 %
1923	982	204	20 %	209	72	34 %
1924	652	100	15 %	190	49	25 %

Other examinations included Urines, Hairs from cases or suspected cases of Ringworm, Blood Smears, etc.

In 1920 an arrangement was made with the East Suffolk County Council for the County Bacteriologist to carry out certain examinations (upon an agreed scale of fees) on behalf of this Authority and the following Table shows the number of such examinations since the commencement of the Scheme:—

Specimen.	1920	1921	1922	1923	1924
Cerebro-Spinal Fluids	12	6	4	5	1
Widal (Typhoid)	5	2	—	—	1
Widal (Typhoid Para A. and B.) ..	4	10	7	3	6
Blood Films (Malaria)	6	1	1	2	—
Pus for organisms	1	—	—	1	—
Swabs for Meningococcus	—	5	—	—	—
Swabs for Virulence of K.L.B. ..	—	3	—	5	6
Milk for T. B. (animal Inoc.) ..	—	—	33	—	—
Miscellaneous	3	1	1	—	1

In addition the following Laboratory work in connection with the V.D. Scheme has been carried out at the County Laboratory on behalf of this Department:—

	1922	1923	1924
Detection of Gonococci	12	2	—
Wassermann Reaction	363	259	243
Cultural Test for Gonococcus ..	63	15	22

WATER SUPPLY.

The following is the return of the amounts of Water supplied during the year from the various sources.

	Gallons.
Total Water from Gravitation Sources ...	35,000,000
Total Water from Waterworks (well) ...	450,473,000
Total Water from Whitton (well) ...	252,204,000
Total Water from all sources	737,677,000
Supply per head per day in Borough, including Trade Supplies	23·98 gallons.

This latter figure compares favourably with the 1914 supply, which amounted to 21·2 gallons per head per day.

Water is supplied in bulk to the Bosmere and Claydon Rural District Council, the Samford Rural District Council and to the Admiralty at Shotley.

Samples have been taken at frequent intervals and submitted to analysis.

IPSWICH BOROUGH SANATORIUM.

Report on Cases treated to a conclusion during the Year ended 31st December, 1924.

A classification has been made according to the Physical Signs found on admission. The cases have been divided into four groups :—

(1). Slight physical signs.

(2). Well marked physical signs.

(3). Extensive physical signs.

(4) Unsuitable cases, including those with very advanced physical signs.

274 patients were treated to a conclusion during the period and are classified in the Table below.

	Class (1).	Class (2).	Class (3).	Class (4).	Totals.
Men ..	32	33	39	13	117
Women ..	39	26	24	6	95
Children	39	18	3	2	62
Totals ..	110	77	66	21	274

The results of treatment in the various Classes are shown in the following Tables :—

CLASS (1).

	Fit to Work.	Able to Work.	Im-proved	In Stat. Quo.	Worse.	Died.	Partial Treatment	Dischg'd for Insubor-dination.	Totals.
Men ..	25	—	—	1	—	—	5	1	32
Women	26	3	1	—	—	—	6	3	39
	Fit for School								
Children	37	—	—	—	—	—	2		39
Totals ..	88	3	1	1	—	—	13	4	110

CLASS (2).

	Fit to Work.	Able to Work.	Im-proved	In Stat Quo.	Worse.	Died.	Partial Treatment	Dischg'h for Insubor-dination.	Totals.
Men ..	14	13	3	—	—	—	2	1	33
Women	10	9	2	—	2	—	3	—	26
	Fit for School	Able for School							
Children	6	3	4	2	1	—	2	—	18
Totals ..	30	25	9	2	3	—	7	1	77

CLASS (3).

	Fit to Work.	Able to Work.	Im-proved	In Stat. Quo.	Worse.	Died.	Partial Treatment	Dischg'd for Insubor-dination.	Totals.
Men ..	1	13	16	—	4	2	3	—	39
Women	—	4	9	4	4	—	2	1	24
	Fit for School	Able for School							
Children	—	—	3	—	—	—	—	—	3
Totals ..	1	17	28	4	8	2	5	1	66

CLASS (4).

	Fit to Work.	Able to Work.	Im-proved	In Stat. Quo.	Worse.	Died.	Partial Treatment	Dischg'd for Insubordination.	Totals.
Men ..	—	—	1	6	2	1	3	—	13
Women	—	—	1	3	—	2	—	—	6
	Fit for School	Able for School							
Children	—	—	—	2	—	—	—	—	2
Totals ..	—	—	2	11	2	3	3	—	21

Separate Tables have been prepared showing the clasification and results of treatment of Ipswich patients. It is to be noted that these cases are included in the foregoing Tables which deal with ALL the cases treated .—

IPSWICH PATIENTS.

	Class (1)	Class (2)	Class (3)	Class (4)	Totals.
Men ..	9	6	9	1	25
Women ..	10	4	3	—	17
Children	12	6	2	1	21
Totals ..	31	16	14	2	63

Results of Treatment.

CLASS (1).

	Fit to Work.	Able to Work.	Im-proved	In Stat. Quo.	Worse.	Died.	Partial Treatment	Dischg'd for Insubordination.	Totals.
Men ..	9	—	—	—	—	—	—	—	9
Women	6	1	—	—	—	—	2	1	10
	Fit for School								
Children	12	—	—	—	—	—	—	—	12
Totals ..	27	1	—	—	—	—	2	1	31

CLASS (2).

	Fit to Work.	Able to Work	Im-proved	In Stat. Quo.	Worse.	Died.	Partial Treatment	Dischg'd for Insubor-dination.	Totals.
Men ..	2	2	2	—	—	—	—	—	6
Women	1	—	2	—	—	—	1	—	4
	Fit for School	Able for School							
Children	2	3	1	—	—	—	—	—	6
Totals ..	5	5	5	—	—	—	1	—	16

CLASS (3).

	Fit to Work.	Able to Work.	Im-proved	In Stat. Quo.	Worse.	Died.	Partial Treatment	Dischg'd for Insubordination.	Totals.
Men ..	1	5	1	—	1	—	1	—	9
Women	—	—	1	2	—	—	—	—	3
Children	—	—	2	—	—	—	—	—	2
Totals ..	1	5	4	2	1	—	1	—	14

CLASS (4).

	Fit to Work.	Able to Work.	Im-proved	In Stat. Quo.	Worse.	Died.	Partial Treatment	Dischg'd for Insubor-dination	Totals
Men ..	—	—	—	1	—	—	—	—	1
Women	—	—	—	—	—	—	—	—	—
Children	—	—	—	1	—	—	—	—	1
Totals ..	—	—	—	2	—	—	—	—	2

REPORT ON VENEREAL DISEASES CLINIC for the Year 1924.

By Dr. F. FOWLER WARD.

(Medical Officer in Charge, Venereal Diseases Clinic).

The returns for this year approximate very closely those of the previous years.

Table 1.

NEW CASES.

Year.	New Cases.				Diseases (Ipswich only).		
	Clinic.			Ipswich only.	Syphilis	Gonorrhœa.	Other Diseases
	Males.	Females	Persons.	Persons.			
1921	237	117	354	235	78	82	75
1922	168	63	231	164	62	54	48
1923	123	57	180	121	51	37	33
1924	137	46	183	122	35	41	46

Table 2.

Table shewing the total attendances at the Out-Patient Clinic: —

Year	Syphilis.		Gonorrhœa.		Other Diseases.		Total			
							Clinic.			Ipswich only.
	M.	F.	M.	F.	M.	F.	M.	F.	Persons.	Persons.
1921	1,838	847	2,466	244	117	67	4,421	1,158	5,579	4,186
1922	1,465	701	1,951	310	65	26	3,481	1,037	4,518	3,699
1923	1,418	854	1,221	139	63	54	2,702	1,047	3,749	2,803
1924	942	870	1,491	230	102	38	2,535	1,138	3,673	2,588

Table 3.

The following Table gives the number of days spent by Patients in Hospital.

Year.	Total for Clinic.			Ipswich only.
	M.	F.	Persons.	Persons.
1921	749	447	1,196	719
1922	380	188	568	253
1923	379	147	526	227
1924	324	80	404	289

There is still considerable disparity between the number of Males and Females attending for treatment. This is a disturbing factor as regards elimination of disease. On the other hand the attendances of children are increasing in number. This fact points to a close co-operation between the various authorities which deal with different diseases, and is encouraging.

Details of treatment are carried out on the lines suggested by the Ministry of Health.

F. FOWLER WARD, M.B., B.C., Cantab.

Medical Officer in charge of
Venereal Diseases Centre.

Report of the Manager of House Refuse Removal and Night Soil Departments from January 1st to December 31st, 1924.

To the Chairman and Members of the Public Health Committee,
Ipswich.

Ladies and Gentlemen,

I beg to summit summary of work carried out in the Refuse Removal Department for the year ending 31st. December, 1924.

HOUSE REFUSE.

During the year there were twenty-nine men, four Electric Vehicles and five Horse drawn Vans.

Number of weekly and by-weekly calls on Register.

Electric Vehicles ...	14,938	
Horse drawn Vans ...	7,158	22,096

Calls made during the year.

Electric Vehicles ...	745,250	
Horse drawn Vans ...	360,465	1,105,715

Number of loads.

Electric Vehicles ...	3,470	
Horse drawn Vans ...	4,301	7,771

Weight collected.

	T.	C.	Q.	T.	C.	Q.
Electric Vehicles	6,930	19	3			
Horse drawn vans	3,827	6	1	10,758	6	0

NIGHT WORK.

Number of loads collected from Middens ...	50
Number of Buckets emptied	2,200
Number of Dead Wells	5

The work in the Whitton District has been reduced owing to many of the Middens having been converted into W.C.'s and connected to new sewer.

There are still 6 Middens not converted.

Henley Road and Dale Road.—There are 9 double and 15 single bins in this area.

New Cut East.—There are still 3 bins here.

Handford Hall.—One double bin.

I am, Ladies and Gentlemen,
Your obedient Servant,
A. HICKS.

Exchange Chambers,
Lion Street, Ipswich.

CHIEF SANITARY INSPECTOR'S REPORT.

1924.

Inspector under the Food and Drugs Act, Inspector of Butter Factories, Inspector under Dairies, Cowsheds and Milkshops Order, Inspector of Common Lodging Houses, Inspector under the Shop Acts, Inspector under Contagious Diseases (Animals) Act, Inspector under the Rats and Mice (Destruction) Act, 1919.

	1924
No. of Inspections of Private Houses	9,647
,, ,, ,, House to House	410
,, ,, ,, Houses let in Lodgings ...	61
Total	10,118
No. of Inspections of Van Dwellings	173
,, ,, ,, Common Lodging Houses	227
,, ,, ,, Overcrowded Houses... ...	80
,, ,, ,, Houses with defective evestroughing	147
,, ,, ,, Damp Houses	190
Total	417
No. of General Repairs to Houses	491
,, Yards concreted	218
,, Sculleries concreted	179
,, Rooms ventilated	66
,, Roofs repaired	284
,, Eavestroughing repaired	248
,, Wash Houses repaired	205

	1924
Drains Inspected, Relaid, Tested and Work carried out.	
No. of Smoke Tests	631
,, Water Tests	433
,, Above surface drain inspections	484
,, Drains reconstructed	186
,, Drains unblocked and cleansed	188
,, Gullies fixed	194
,, New Sinks and Wastes provided	149
,, Inspection Chambers provided	103
,, Inspection Chambers repaired	50
,, Vent Shafts provided	46
,, Dead Wells filled in	15
,, New W.C.'s provided	74
,, New W.C.'s pans provided	161
,, Privies done away with	13
,, Pail Closets done away with	4
,, Foul W.C.'s cleansed	73
No. of Inspections of Dairies and Milk Shops	404
,, Inspections of Purveyors of Milk	426
,, Inspections of Cow Sheds	138
Total	968
No. of Inspections of Slaughterhouses	1,233
,, Slaughter and Bakehouses lime whited	209
,, Removals of Animals	45
,, ,, Manure	56
,, Manure Bins repaired	27
,, Ash Receptacles supplied	410
,, Inspections of Public and Private Urinals	370
,, , Offensive Trade Premises	349
,, ,, Smoke Nuisances	79
,, ,, under the Contagious Disease Animals Act	16
,, Visits to places of Entertainment	582
,, Complaints investigated	497
,, Letters issued	455

	1924
PROGRESS OF NOTICES.	
Preliminary.	
Served	294
Completed	308
Statutory.	
Served	9
Completed	4
Verbal.	
Given	193
Completed	189
INFECTIOUS DISEASES.	
Cases removed	214
Enquiries made	255
FACTORIES AND WORKSHOPS.	
Premises Inspected.	
Factories and Workshops	256
Contractors	1
Outworkers	78
Bakehouses	709
SHOPS' ACT.	
Visits	1,759
New shops registered	73
Transfers	37
SAMPLES OBTAINED.	
Water	46
Food and Drugs	140

WATER SUPPLY.

Samples taken from Corporation Supply	...	41
Samples taken from Private Supplies ...	...	5

One sample taken from a Private Well was found to be heavily polluted with products of sewage, and totally unfit for drinking purposes. This Well was closed and the Town Supply laid on to two houses.

SALE OF FOOD AND DRUGS.

The following Table shows the number of Samples taken.

Butter	36
Tea	3
Cheese	3
Condensed Milk	2
Cream	5
Milk	54
Margarine	27
Jam	1
Lard	7
Vinegar	1
Medicine	1

There were three prosecutions of Milk Vendors: two were fined 40/- and one case dismissed.

Cautions: two.

FOOD INSPECTION.

The under-mentioned Food-Stuffs were condemned as unfit for human consumption during the year 1924.

Carcases of Beef	8
Carcases of Veal	2
Carcases of Pork	150
Beef, frozen, lbs.	411
Beef, chilled, lbs.	103½
Beef, lbs.	112
Veal, quarters	2
Carcases of Mutton	1
Canterbury Lamb, lbs.	329
Bacon, lbs.	405
Sides of Pork	3
Legs of Pork	2
Pigs Plucks	2788
Pigs Heads	406
Pigs Offal	111
Salmon, Frozen	1
Cod Fish, lbs.	108
Mackerel, lbs.	84
Haddock, filleted, boxes	6
Kippers, boxes	6
Haddock, boxes	5
Corned Beef, 6 lb. tins	16
Corned Beef, 1 lb. tins	6
Milk, tins	3
Ox Tongue, tins, 8 lbs	4
Salmon, tins	2
Apricots, tins	12
Ox Tail, tins	43
Fish Paste, various, tins	34
Smoked Haddock, tins	17
Sardines, tins	2
Shrimps, pecks	3
Margarine, lbs.	27

RATS AND MICE (DESTRUCTION) ACT, 1919.

The Rats and Mice (Destruction) Act, 1919, came into force on 1st January, 1920, when the powers originally held by the Ministry of Agriculture and Fisheries were transferred to the Ministry of Health.

The number of Rats destroyed in Ipswich during 1924 was 10,893.

OFFENSIVE TRADES.

Bye laws with respect to Offensive Trades were made by the Council and brought into force during 1924.

The following are regarded therein as Offensive Trades:—

(1) Blood Boiling and Blood Drying.
(2) Bone Boiler.
(3) Soap Boiler.
(4) Tallow Melter and Fat Melter.
(5) Tripe Boiler.
(6) Glue Maker and Size Maker.
(7) Gut Scraper.
(8) Rag and Bone Dealer.
(9) Fish Frier.

SLAUGHTERHOUSES.

* There were 22 private slaughterhouses and one Knacker's Yard in existence in the Borough during 1924.

During the year 1923 Amended Bye-laws were framed by the Council, and these Bye-laws which came into operation on the 1st January, 1924, provide for, amongst other things, the use of the Mechanical Killer for all animals except pigs.

* Inspections were made at these premises during 1924.

MORTUARY.

	1921	1922	1923	1924
Number of Bodies removed to Mortuary	19	15	19	17
Number of Post Mortem Examinations	5	4	5	5

Report on the Administration of the Factory and Workshop Act, 1901, in connection with FACTORIES, WORKSHOPS AND WORKPLACES.

1. Inspection of Factories, Workshops and Workplaces. Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories. (Including Factory Laundries) ..	54	4	—
Workshops. (Including Workshop Laundries)	190	—	—
Workplaces. (Other than Outworkers' premises)	12	—	—
Total	256	4	—

2. Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			
	Found.	Remedied	Referred to H.M. Inspector.	Number of Prosecutions.
Nuisances under the Public Health Acts:—				
Want of cleanliness ..	3	3	—	—
Want of ventilation ..	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ..	—	—	—	—
Other nuisances	2	2	—	—
Sanitary accommodation. insufficient ..	5	5	—	—
Sanitary accommodation. unsuitable or defective ..	2	2	—	—
Sanitary accommodation. not separate for sexes ..	—	—	—	—
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bakehouse (s. 101) .	—	—	—	—
Other offences	—	—	—	—
Total	12	12	—	—

PORT OF IPSWICH SANITARY AUTHORITY.

Report for 1924.

The inspection of vessels entering the port of Ipswich was commenced in 1908, and has been continuously carried on up to the end of 1924. Since 1908 the vessels trading regularly to the Port have shown marked improvement in their sanitary condition, especially barges.

I.

Number of vessels inspected	398
Number of vessels re-inspected	138
Total number inspected and re-inspected ...	536

II.

British Steamships	65
* British Motor Vessels	8
British Sailing Ships	3
British Barges	265
Foreign Steamships	48
* Foreign Motor Vessels	6
Foreign Sailing Ships	3
Total	398

* Includes mechanically propelled vessels other than steamers.

III.

British	341
German	17
Norwegian	11
Swedish	8
Danish	6
Greek	5
Belgian	2
Dutch	2
Spanish	2
French	1
Italian	1
American	1
Esthonian	1
Total ...	398

The Port of Ipswich imports large quantities of grain from such diverse grain centres as Rosario, Port Elizabeth, Karachi and the Danube.

Considerable cargoes of iron pyrites and phosphate are received from Bona, Sfax and Tunis. Timber is also imported from the Baltic Ports.

Lesser imports are kainet salt from Hamburg and Antwerp, stone from the Channel Islands and coal from the Tyne ports.

Barges carry out a large import trade from London, etc. Ipswich has practically no sea-borne export trade.

Fumigation of Vessels.

Vessels arriving from infectious or suspected ports are fumigated for the purpose of Rat Destruction. Twelve vessels were fumigated during 1924.

Owing to the fact that practically all vessels clear from the port whilst under fumigation, it has been found impossible to keep a record of the number of rats destroyed.

Sickness.

There were no cases of Infectious Disease reported during the year.

SICKNESS TABLE.

Date.	Name of Vessel.	Port of Loading.	Sickness.	Remarks.
1924 21st Mar.	Eolo	Rosario	Sore Leg	Treated at East Suffolk Hospital
11th June	Karl	Blacksea	Heart Trouble	Paid off and returned to Germany
9th July	Sailor Prince	Odessa	1 Rheumatism 1 Water-on knee	Paid off Paid off
20th Sept.	Europa	Leningrad	1 Stomach Pain 2 V.D.	Attended by the Doctor. Attended East Suffollk Hospital

BUTTERMAN'S BAY.

This is the name given to a portion of the River Orwell situated about six miles below the Ipswich Dock. Some of the vessels of recent years, trading to Ipswich, have been too large to enter the dock, so that they have had to discharge the whole of their cargo at the deep water berths constructed at the Bay.

Twenty-two vessels were inspected in Butterman's Bay during the year. Eight vessels were able to proceed to Ipswich Dock after lightering.

Sanitary Condition of Vessels.

The following notices were issued during the year :—

	Verbal.	Intimation.
British Vessels	3	3
Foreign Vessels	5	3

A. T. MEARS,
Chief Sanitary Inspector.